OAHU CANDIDATES-SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-SUBMIT 1 ORIGINAL AND 2 COPIES

Candidate Signature

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION





PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES SECTION I-CANDIDATE AND CANDIDATE COMMITTEE: SECTION II-TYPE OF REPORT: (a) Candidate Name: (See the Schedule of Reporting Dates to complete this section) Darwin L.D. Ching 1st Preliminary Primary Amended (b) Committee Name: Friends of Darwin Ching 2nd Preliminary Primary Short Form 1 (c) Mailing Address: 1001 Bishop Street, ASB Tower, #1008, Honolulu, Hawaii 96813 Preliminary, General REPORTING PERIOD (d) Phone (Bus) 536-7888 (Res) 395-7983 Final Election Period 10/24/06 through 11/7/06 Treasurer's Supplemental SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS (Complete Section IV on the Back of this Form Before Completing This Section) **COLUMN A** COLUMN B **ELECTION PERIOD**<sup>2</sup> **TOTAL THIS PERIOD TOTAL TO DATE** 0.00 Cash on Hand at the Beginning of the Election Period... 155.00 Cash on Hand at the Beginning of this Reporting Period..... 1,000.00 31,997.75 Total Receipts (From Line 15)..... 1,155.00 Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)...... 31,997.75 0.00 5. Total Disbursements (not including Unpaid Expenditures) (From Line 19)..... 30,842.75 Cash on Hand at the Closing of this Reporting Period /Subtract Line 5 from Line 4/... 1,155.00 1,155.00 Total Loans at the Closing of this Reporting Period..... 0.00 0.00 Total Unpaid Expenditures at the Closing of this Reporting Period..... 0.00 Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)..... 10. Surplus/Deficit (Subtract Line 9 from Line 6)..... 1,155.00 I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

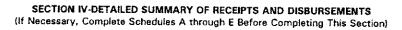
Treasurer Signature

a candidate is seeking nomination or election to a four-year office

Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.

Short form reporting requires completion of only Section II, and Section III of this Disclosure Report.

An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if



RECEIPTS

COLUMN A

TOTAL THIS PERIOD

COLUMN B ELECTION PERIOD TOTAL TO DATE

	IVIAL INIS PENIUD	TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	0.00	900.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	1,000.00	7,240.17	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii))	1,000.00	8,140.17	11 (a) (iii)
(b) Candidate or Candidate's Immediate Family			1 1 (b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less	0.00	100.00	1 1 (b) (i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100	0.00	1,000.00	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(ii) and 11(b)(ii))	0.00	1,100.00	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)	1,000.00	9,240.17	12
13. Public Funds and Other Receipts	0.00	0.00	13
14. Loans	0.00	22,757.58	14
15. Total Receipts (Add Lines 12 through 14)	1,000.00	31,997.75	15
DISBURSEMENTS			
16. Expenditures	0.00	30,842.75	16
17. Loans Repaid or Forgiven	0.00	0.00	17
18. Unpaid Expenditures Paid or Forgiven	0.00	0.00	18
19. Subtotal Disbursements (Add Lines 16 through 18)	0.00	30,842.75	19
20. Unpaid Expenditures	0.00		20
21. Total Disbursements (Add Lines 19 and 20)	0.00	30,842.75	21

		CHECK ON	LY ONE B	ΩX	7
JSE	SEPARATE	SCHEDULE(S)	FOR EAC	H CATEGORY	BELO

INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE COMMITTEES/POLITICAL PARTIES

CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION



# SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

	ND CANDIDATE COMMITTEE NAME:  D. CHING / FRIENDS OF DARWIN CHING	PAGE	1 (	DF 1
DATE OF DEPOSIT OR RECEIPT OF	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE  NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OF FAIR MARKET VALU	
NON-MONETARY CONTRIBUTION	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION	OF NON-MONETAR' CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
10/26/2006	Joyce Kawamae 2243 Amokemoke Street	Honolulu Advertiser		
Honolulu, Hawaii 96782		1,000.0	8,140.1	
	NON-MONETARY CONTRIBUTION	Sales Representative		
	NON-MONETARY CONTRIBUTION		-	
App.				**************************************
				11 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1 F 1
	☐ NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION			
	NON-MONETARY CONTRIBUTION			
				***************************************
SUBTOTAL OF	MONETARY AND NON-MONETARY CONTRIBUTIONS TH	IS PERIOD (This Page)	1,000.00	
the applicable (	TARY AND NON-MONETARY CONTRIBUTIONS THIS PERIC Line Number of the Disclosure Report – 11(a)(ii) or 11(b)(ii)	JD (Last Page Only) (Transfer total	1,000.00	

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

### SCHEDULE B EXPENDITURES CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE

CANDIDATE AN	ND CANDIDATE COMMITTEE NAME:				HCIAL PURPUSE.
	. CHING / FRIENDS OF DARWIN CHING	PAGE	1	OF -	1
OATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE O NON-MONETARY CON		OF	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
	ON-MONETARY CONTRIBUTION				
				A BARBARRAY OF THE PROPERTY AND ADDRESS.	
	NON-MONETARY CONTRIBUTION				
···					MITATAL
	NON-MONETARY CONTRIBUTION		***************************************		
***************************************					
	NON-MONETARY CONTRIBUTION				
	NON-MONETARY CONTRIBUTION				
***************************************	C. Harring Contribution				P. T.
				***************************************	
	NON-MONETARY CONTRIBUTION				
					***************************************
					is the devenor
***************************************	NON-MONETARY CONTRIBUTION				
		average and the second			- History and the state of the
		The state of the s			
SUBTOTAL OF EXPENDITURES THIS DEPLOD (This Park)					0.00
. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page)					0.00
. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report)					0.00

Form CC-5(B) (Rev. 5/99)

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

## SCHEDULE C PUBLIC FUNDS AND OTHER RECEIPTS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE. CANDIDATE AND CANDIDATE COMMITTEE NAME: PAGE 1 DARWIN L.D. CHING / FRIENDS OF DARWIN CHING DATE AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD AGGREGATE OF DEPOSIT FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF ELECTION PERIOD TOTAL TO DATE SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT DESCRIPTION OF OTHER RECEIPT 1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page)..... 0.00 2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number

13 of the Disclosure Report)....

Form CC- 5(C) (Rev. 5/99)

0.00

## ATTACH A COPY OF THE EXECUTED LOAN DOCUMENT AT THE TIME OF INITIAL DISCLOSURE

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

### SCHEDULE D LOANS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AN	ID CANDIDATE COMMITTEE NAME:		PAGE	1 OF	1
DARWIN L.D.	. CHING / FRIENDS OF DARWIN CHING		,		
LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT	NEW LOAN	AMOUNT REPAID	AMOUNT OF LOAN AT
DATE OF LOAN	PURPOSE OF LOAN	BEGINNING OF THIS PERIOD	AMOUNT THIS PERIOD	OR FORGIVEN THIS PERIOD	CLOSING OF THIS PERIOD
CANDIDATE  BMMEDIATE FAMILY  FINANCIAL INSTITUTION  OTHER				FORGIVEN	
□ CANGIDATE				FORGIVEN	
SHANCIAL INSTITUTION     OTHER					
CAMPIDATE BRIEDIATE FAMILY FINANCIAL INSTITUTION OTHER				FORGIVEN	
CAMPIDATE  MANGEDATE FAMILY  FINANCIAL INSTITUTION  OTHER				FORGIVEN	
CANDIDATE  BAMEDIATE FAMILY  FRANCIAL INSTITUTION				FORGIVEN	
OTHER					
1. SUBTOTAL (This Page)		0.00	0.00	0.00	
	LOANS THIS PERIOD (Last Page Only) (Transfer total to Line		0.00		
3. TOTAL LOAN	S REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Tre	ensfer total to Line		0.00	
4 TOTALLOAN	S AT THE CLOSING OF THIS PERIOD (Last Page Only) (Tran	sfer total to Line N	lumber 7 of the Dis	sclosure Report)	0.00

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

### STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

### SCHEDULE E UNPAID EXPENDITURES CANDIDATE COMMITTEE

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED IACCRUAL METHOD OF ACCOUNTING).

NO INFORMATION (	OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON F	OR THE PURPOSE OF SOL	ICITING CONTRIBUTION	YS OR FOR ANY CO	MMEF	ICIAL PURPOSE.
	ND CANDIDATE COMMITTEE NAME:  D. CHING / FRIENDS OF DARWIN CHING		PAGE	1	OF	1
DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PA	N	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
EXPENDITORE	PURPOSE OF UNPAID EXPENDITURE	THIS PERIOD	THIS FERIOD	FORGIVEN		THIS PERIOD
			······	FORGIVEN		
				FORGIVEN		
				FORGIVEN		
				FORGIVEN	The state of the s	
1. SUBTOTAL /	This Page)	меничний	0.00	0.	.00	0.00
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).		nsfer total to Line	0.00			
3. TOTAL UNPA	NID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last line Disclosure Report)	ــا Page Only) (Transfer		0	.00	
	NID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last		er total to Line Nu	mber 8 of the		0.00
					Form	CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.